

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____				
							APPLICANT(S) _____					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		INL.	DEP.	INL.	DEP.	INL.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4		/		/			54					
5	/		/				55					
6		/		/			56					
7	/		/				57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14		/		/			64					
15		/		/			65					
16		/		/			66					
17		/		/			67					
18		/		/			68					
19		/		/			69					
20		/		/			70					
21		/		/			71					
22		/		/			72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26		/		/			76					
27	/		/				77					
28	/		/				78					
29	/		/				79					
30	(1)		/				80					
31	/						81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8		7									
TOTAL DEP.	23	↓	23	↓								
TOTAL CLAIMS	31		30									

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